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REQUEST FOR WITHDRAWAL
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To: Commissioner for Patents P.O. Box 1450 Alexandria V/A 22212 14E0

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Application Number	09/832,517
Filing Date	04-09-2001
First Named Inventor	Dolecek
Art Unit	1723
Examiner Name	D. Reifsnyder
Attorney Docket Number	P0009530.00

Alexandria, VA 22313-1450			
Please withdraw me as attorney or agent for the above identified patent application, and			
✓ all the attorneys/agents of record.			
the attorneys/agents (with registration numbers) listed on the attached paper(s), or			
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.			
The reasons for this request are: The sale of this patent or application from Medtronic to Arteriocyte.			
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Telephone (212) 692-6803 Email bphopkins@mintz.com			
Signature 44. Outs. April			
Name Jeffrey J. Hohenshell Registration No. 34,109			
Date District 1 Logs Telephone No. (763) 505-8426			
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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public who is to file (and by the USPTO to process) an application. Confidentially saigneemed by 33 U.S. (12 and 37 CFR 1.36 and 1.4 This collection is estimated to take? If a collection is estimated to take? If ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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